



Juneau County
Department of Human Services
200 Hickory Street
Mauston, WI 53948

Ph 608-847-2400 Fax 608-847-9421

GRIEVANCE FORM

Date: _____

Name: _____

Address: _____

Phone Number: _____

Please describe your grievance. Be sure to include what specific right(s) you believe have been violated, pertinent details, dates, times, places, and all parties involved: _____

What type of relief/solution do you wish to have? _____

I ☐ have / ☐ have not had an informal discussion with the person(s) involved.
(Check one)

Signature

Mail completed form to:
Juneau County DHS
Attn: Grievance Officer
200 Hickory Street
Mauston, WI 53948

Grievance Officer: _____ Date Received: _____ / Initials: _____